Company Tracking Number: GL AR0197801F01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Old Republic Independent GL Forms

Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

### Filing at a Glance

Company: Old Republic Insurance Company

Product Name: Old Republic Independent GL SERFF Tr Num: LDDX-125778211 State: Arkansas

**Forms** 

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: GL AR0197801F01 State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith

Roberts

Author: SPI ORChicago Disposition Date: 08/26/2008

Date Submitted: 08/15/2008 Disposition Status: Approved

Effective Date Requested (New): 11/01/2008 Effective Date (New):

Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

#### **General Information**

Project Name: Old Republic Independent GL Forms

Status of Filing in Domicile:

Project Number: GL AR0197801F01

Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 08/26/2008

State Status Changed: 08/26/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company has changed their company logo. We submit for your review and approval the following Policy Jacket and Declaration pages. We have made slight alterations to the formatting of the documents along with some minor language changes. We attach mark up versions for your information.

Policy Jacket - Manual J-01 (02/08)

SERFF Tracking Number: LDDX-125778211 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: GL AR0197801F01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Old Republic Independent GL Forms

Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

"This policy jacket is being revised to reflect the new company logo. This policy jacket has an area provided below the words "Insurance Policy" for the imprintation of our issuing and policyholder servicing office address. The blank area above the words "Insurance Policy" may have an imprintation of the type of policy/program being issued. The following items contained in the Policy Jacket are filed with brackets to indicate that the values could change over time:

- (1) Insurer company address
- (2) Insurance company group corporate address and phone number
- (3) Signature of Secretary
- (4) Signature of President

If any of the above 4 items change, the policy jacket will not be re-filed.

Commercial General Liability Declarations CG DEC GN 0000 08 08 replaces CG DEC GN 0000 12 01.

Owners And Contractors Protective Liability Declarations CG DEC GN 0001 08 08 replaces CG DEC GN 0001 04 99.

Liquor Liability Declarations CG DEC GN 0002 08 08 replaces CG DEC GN 0002 04 99.

Railroad Protective Liability Declarations CG DEC GN 0003 08 08 replaces CG DEC GN 0003 04 99.

Products/Completed Operations Liability Declarations CG DEC GN 0004 08 08 replaces CG DEC GN 0004 04 99.

Underground Storage Tanks Liability Declarations CG DEC GN 0005 08 08 replaces CG DEC GN 0005 04 99.

We request an effective date of November 1, 2008.

## **Company and Contact**

#### **Filing Contact Information**

Johnathan Hagen, State Filings Analyst 307 N. Michigan Avenue

jhagen@oldrepublic.com (312) 346-8100 [Phone]

Company Tracking Number: GL AR0197801F01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Old Republic Independent GL Forms

Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

Chicago, IL 60601 (312) 762-4950[FAX]

**Filing Company Information** 

Old Republic Insurance Company CoCode: 24147 State of Domicile: Pennsylvania

307 N. Michigan Avenue Group Code: 150 Company Type: Chicago , IL 60601 Group Name: State ID Number:

(312) 762-4800 ext. [Phone] FEIN Number: 25-0410420

-----

Company Tracking Number: GL AR0197801F01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Old Republic Independent GL Forms

Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

### **Filing Fees**

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

 Old Republic Insurance Company
 \$50.00
 08/15/2008
 21969350

Company Tracking Number: GL AR0197801F01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Old Republic Independent GL Forms

Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

## **Correspondence Summary**

### **Dispositions**

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/26/2008	08/26/2008

SERFF Tracking Number: LDDX-125778211 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: GL AR0197801F01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Old Republic Independent GL Forms

Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

### **Disposition**

Disposition Date: 08/26/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: GL AR0197801F01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Old Republic Independent GL Forms

Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property	&Approved	Yes
	Casualty		
Supporting Document	CG DEC GN 0000 08 08 Markup, CG	Approved	Yes
	DEC GN 0001 08 08 Markup, CG DEC		
	GN 0002 08 08 Markup, CG DEC GN		
	0003 08 08 Markup, CG DEC GN 0004		
	08 08 Markup, CG DEC GN 0005 08 08		
	Markup, Filing Memorandum, Policy		
	Jacket Markup		
Form	Commercial General Liability Declaration	sApproved	Yes
Form	Owners And Contractors Protective	Approved	Yes
	Liability Declarations		
Form	Liquor Liability Declarations	Approved	Yes
Form	Railroad Protective Liability Declarations	Approved	Yes
Form	Products/Completed Operations Liability	Approved	Yes
	Declarations		
Form	Underground Storage Tanks Liability	Approved	Yes
	Declarations		
Form	Policy Jacket	Approved	Yes

Company Tracking Number: GL AR0197801F01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Old Republic Independent GL Forms

Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

#### Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Typ	e Action	Action Specific Data	Readability	Attachment
Approved	Commercial General Liability Declarations	CG DEC GN 0000	08 08	Declarations/Schedule	n Replaced e	Replaced Form # CG DEC GN 0000 Previous Filing #:		CG DEC GN 0000.PDF
Approved	Owners And Contractors Protective Liability Declarations	CG DEC GN 0001	08 08	Declarations/Schedule	n Replaced	Replaced Form # CG DEC GN 0001 Previous Filing #:		CG DEC GN 0001.PDF
Approved	Liquor Liability Declarations	CG DEC GN 0002	08 08	Declarations/Schedule	n Replaced	Replaced Form # CG DEC GN 0002 Previous Filing #:		CG DEC GN 0002.PDF
Approved	Railroad Protective Liability Declarations	CG DEC GN 0003	08 08	Declarations/Schedule	n Replaced	Replaced Form # CG DEC GN 0003 Previous Filing #:	:0.00	CG DEC GN 0003 .PDF
Approved	Products/Completed Operations Liability Declarations	etCG DEC GN 0004	08 08	Declarations/Schedule	n Replaced	Replaced Form # CG DEC GN 0004 Previous Filing #:	:0.00	CG DEC GN 0004.PDF
Approved	Underground Storage Tanks Liability Declarations	CG DEC GN 0005	08 08	Declarations/Schedule	n Replaced	Replaced Form # CG DEC GN 0005 Previous Filing #:		CG DEC GN 0005.PDF
Approved	Policy Jacket	J-01	02 08	Other	Replaced	Replaced Form #	:0.00	J-01.PDF

Previous Filing #:

(Date):	_	



#### **COMMERCIAL GENERAL LIABILITY DECLARATIONS**

POLICY NUM	IBER PO	DLICYHOLDER	R SERVICE	OFFICE:				PRODUCER
RENEWAL OF N	UMBER							
NAMED INSUR	RED AND MA	ILING ADDRES	S:					
POLICY PERIO	DD: FROM		то		_	M. STANDARD SHOWN ABOVE		IR MAILING
				HE PREMIUM,	AND SUBJ	ECT TO ALL	THE TERMS	
THIST	POLICY, WI	AGREE WII		PROVIDE THE		E AS STATE	D IN THIS P	OLICY.
EACH OCCUR				\$		=		
		EMISES RENTE	D TO YOU	LIMIT \$		Any one prem		
	DICAL EXPEN	NSE LIMITI SING INJURY LI	MIT	\$		Any one person		tion
GENERAL AG			IVII I	Φ	\$	_ Any one perso	on or organiza	uon
		OPERATIONS A	.GGREGATE	LIMIT	\$			
		R	ETROACT	IVE DATE (CG	00 02 ONL	Y)		
				Y INJURY", "PF				
ADVERTISIN RETROACTI\		WHICH OCCU	RS BEFOR	RE THE RETRO	ACTIVE DA	TE, IF ANY, S	SHOWN BEL	OW.
		(EN		R "NONE" IF NO R		DATE APPLIES)		
EODM OF BUI	NILEOO		DESCR	IPTION OF BU	SINESS			
FORM OF BUS		□ .10	OINT VENTU	IRF	Пп	MITED LIABILIT	ΓΥ	
 ☐ ORGANIZA	ATION, INCLU RSHIP, JOIN	DING A CORPO	ORATION (B	UT NOT INCLUI	COMF			☐ TRUST
BOSINESS DE	SCRIFTION.							
LOCATION NU	MDED			YOU OWN, RE				
LOCATION NO	IVIDER A	ADDRESS OF A				JUP I		
			CLASSII	FICATION AND I	PREMIUM			
LOCATION NUMBER	CLASSI	FICATION	CODE. NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
					Prem/	Prod/Comp	Prem/	Prod/Comp
				\$	Ops \$	Ops \$	Ops \$	Ops \$
				STATE TAX O	 R OTHER (IF	APPLICABLE)	<u> </u>	
						CT TO AUDIT)	\$	
PREMIUM SHO	OWN IS	\$	AT II	NCEPTION \$	·	AT EACH ANN	IVERSARY (I	F POLICY
	RE THAN O	NE YEAR AND F	PREMIUM IS	PAID IN ANNUA	L INSTALLM	ENTS)		
AUDIT PERIOD	(IF APPLICA	ABLE) AN	INUALLY		NNUALLY	QUARTER	LY M	ONTHLY
ENDORSEME	ENTS ATTA	CHED TO THIS		NDORSEMEN'	18			
THESE DE				TE COMMON F				GE FORM(S)
Countersigned				(Authorized Rep				
CG DEC GN 0000	) U8 U8	Includes o	onvrighted ma	erial of ISO Propert	es Inc. with ite	nermission		



# OWNERS AND CONTRACTORS PROTECTIVE LIABILITY DECLARATIONS

POLICY HOLDER SERVICE OFF	ICE: PRODUCER
MAILING ADDRESS	
to	at 12:01 A.M. Standard Time at your mailing address shown above.
rations:	Shown above.
PROVIDE THE INSURANCE AS	AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE STATED IN THIS POLICY.
	Φ.
	\$ \$
ISINESS	
	☐ Limited Liability Company ☐ Corporation
PREMIUM-SUBJECT TO AUDIT	
	Rate Per Premium 1,000 of Base Cost Advance Premium \$
e)	State Tax/Other (if applicable) \$ Total Advance Premium \$
le \$ at inception	
ents applying to this Coverage Part	and made part of this policy at time of issue:
t t	MAILING ADDRESS  I to Prations:  E PAYMENT OF THE PREMIUM, D PROVIDE THE INSURANCE AS  Joint Venture Partnership than one indicated above)  PREMIUM-SUBJECT TO AUDIT  Ation Code. No.  \$ e) ble \$ at inception  SEMENTS



#### LIQUOR LIABILITY DECLARATIONS

POLICY NUMBER	POLICY HOLDER SERVICE OFFICE:	PRODUCER
	•	
RENEWAL OF NUMBER		
NAMED INSURED AND	MAILING ADDRESS	
NAMED INSURED AND	MAILING ADDRESS	
POLICY PERIOD: Fron	n to at 12	2:01 A.M. Standard Time at your mailing address
IN DETUDN FOR TH		wn above.
	E PAYMENT OF THE PREMIUM, AND SUBJECTORY OF THE INSURANCE AS STATED IN T	CT TO ALL THE TERMS OF THIS POLICY, WE
LIMITS OF INSURANCE		THE TOLICT.
Each Common Cause L	· -	
Aggregate Limit	\$_	
RETROACTIVE DATI	E (CG 00 34 only)	
	not apply to "injury" which occurs before the Retroa	active Date, if any,
shown here:	(F	
DESCRIPTION OF BI	(Enter Date or "None" if no Retr USINESS AND LOCATION OF PREMISES	roactive Date applies)
Form of Business:	SOURCES AND LOSATION OF THE IMPED	
		ability Company
Business Description:	than one indicated above)	
Location of All Premises	S You Own, Rent or Occupy (Location Number and Add	dress):
CLASSIFICATION AND	PREMIUM-SUBJECT TO AUDIT	
Location	Premium	
		Rate Advance Premium
	\$	\$
Audit Period (If applicable	le) State Ta:	x/Other (if applicable) \$
	Tot	tal Advance Premium \$
Premium shown is payal FORMS AND ENDOR		
	ents applying to this Coverage Part and made par	t of this policy at time of issue:
The and Endersoning	one applying to the coverage rantana made par	t of time penely at time of leader
Countersigned:	Ву	
	(Date)	(Authorized Representative)



# RAILROAD PROTECTIVE LIABILITY DECLARATIONS

POLICY NUMBER	POLICY HOLDER	SERVICE	OFFICE:			PRODUCER
RENEWAL OF NUMBER						
NAMED INSURED AND	MAILING ADDRESS	<b>;</b>				
POLICY PERIOD: Fron	1	to		at 12:01 A.M. S	Standard Time	at your mailing address
	•			shown above.		an year maming analoss
Job Location:						
Designated Contractor:						
Mailing Address:						
Name and address of inv party:	volved governmental a	authority or o	ther contracting			
						IS OF THIS POLICY, WE
AGREE WITH YOU TO		NSURANCE	: AS STATED	IN THIS POLI	CY.	
Each Occurrence Limit				\$ \$		
Aggregate Limit				Ψ		
DESCRIPTION OF OPE	RATIONS					
Description of Operation						
CLASSIFICATION AND	PREMIUM		Premium			
Oleverit.		0 L N	Base	. D. (		L B
Classifica	ation	Code. No.	Contract Cos \$	t Rate	\$	dvance Premium
Audit Period (If applicab	le)		State	e Tax/Other (if a	applicable) \$	
,	,	at incontic		Total Advance		
Premium shown is payal FORMS AND ENDOR		at inception	ווכ			
Forms and Endorseme		Coverage I	Part and made	part of this po	olicy at time o	of issue:
Countersigned:		E	Ву			
	(Date)			(Aut	horized Repres	sentative)



# PRODUCTS/COMPLETED OPERATIONS LIABILITY DECLARATIONS

POLICY NUMBER	POLICY HOLDER SE	RVICE OFFICE	<b>:</b> :		PRODUCER
RENEWAL OF NUMBER					
NAMED INSURED AND	MAILING ADDRESS				
POLICY PERIOD: Fron	1 1	0		2:01 A.M. Standa vn above.	rd Time at your mailing address
IN RETURN FOR TH	F PAYMENT OF THE I	PREMIUM ANI			E TERMS OF THIS POLICY, WE
	O PROVIDE THE INSU				- TERMO OF THIS POLICE, WE
LIMITS OF INSURANCE					
Each Occurrence Limit			\$		
Aggregate Limit			\$_		_
RETROACTIVE DATI	= (CC 00 39 anly)				
		' or "property d	amage" wh	ich occurs hefo	ore the Retroactive Date, if any,
shown here:	or apply to bouny injury	or property de	amaye wii	iidii occurs beic	the the Netroactive Date, it ally,
		(Enter Date or "No	one" if no Retro	pactive Date applies	3)
DESCRIPTION OF B	JSINESS				
Form of Business:					
	Joint Venture	tnership	Limited Lia	ability Company	☐ Corporation
Business Description:	man one mulcaled above)				
CLASSIFICATION AND	PREMIUM-SUBJECT TO	AUDIT			
		Prer	mium		
Classifica	ation Cod			Rate	Advance Premium
		\$	\$	\$	
			State Tay	/Other (if applica	ablo) ¢
				al Advance Prem	
Premium shown is paya	ble: \$	inception			
FORMS AND ENDOR		•			
Forms and Endorseme	ents applying to this Cov	erage Part and	l made par	t of this policy a	t time of issue:
Countersigned:		By			

(Date)

(Authorized Representative)



# UNDERGROUND STORAGE TANKS LIABILITY DECLARATIONS

POLICY NUMBER	POLICYHOLDE	R SERVICE OFFICE	<b>:</b>	PRODUCER
RENEWAL OF NUMBER				
NAMED INSURED AND	MAILING ADDRES	s		
POLICY PERIOD: From	n	to	at 12:01 A.M. Standard Time a shown above.	at your mailing address
			ID SUBJECT TO ALL THE TERM FATED IN THIS POLICY.	S OF THIS POLICY, WE
LIMITS OF INSURANCE				
Underground Storage Ta	ank Incident Limit		\$	
Aggregate Limit Defense Expense Amou	nt		\$ \$	
RETROACTIVE DAT	 E			
			" or "property damage", and Covera	
	rective action cost	s", which occur befo	re the Retroactive Date shown belo	W.
Retroactive Date:			(Enter Date)	
DESCRIPTION OF B	USINESS		(Enter Date)	
Form of Business:	Joint Venture [than one indicated a		Limited Liability Company	Corporation
DEDUCTIBLES				
Deductible Amount: \$				
			eductible or "None" if no Deductible app	olies.)
EPA IDENTIFICATIO	N AND PREMIUM	-SUBJECT TO AUD	DIT	
EPA Identification Numb	er (if applicable):			
	то: ( арриоасто).	Advance Premium:	\$	
			State Tax/Other (if applicable) \$ _ Total Advance Premium \$	
Premium shown is paya	ble: \$	at inception	Total Advance Fremium \$_	
ENDORSEMENTS	, , , , , , , , , , , , , , , , , , ,	511 H. 10 5 p. 11 5 1		
Endorsements attache	ed to this policy:			
THEOR DECLARAT	IONIO TOOSTUSS	AUTH THE COLARACT	DOLLOV CONDITIONS AND COVER	OF FORM(O) AND ANY
THESE DECLARAT			POLICY CONDITIONS AND COVERA THE ABOVE NUMBERED POLICY.	GE FUKM(S) AND ANY
Countersigned:		Ву		
<u> </u>	(Date)		(Authorized Represe	entative)

# INSURANCE IS PROVIDED BY THE COMPANY DESIGNATED ON THE DECLARATIONS PAGE

**IN WITNESS WHEREOF,** we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

#### **OLD REPUBLIC INSURANCE COMPANY**

[133 Oakland Avenue Greensburg, Pennsylvania 15601] A Stock Company

Secretary

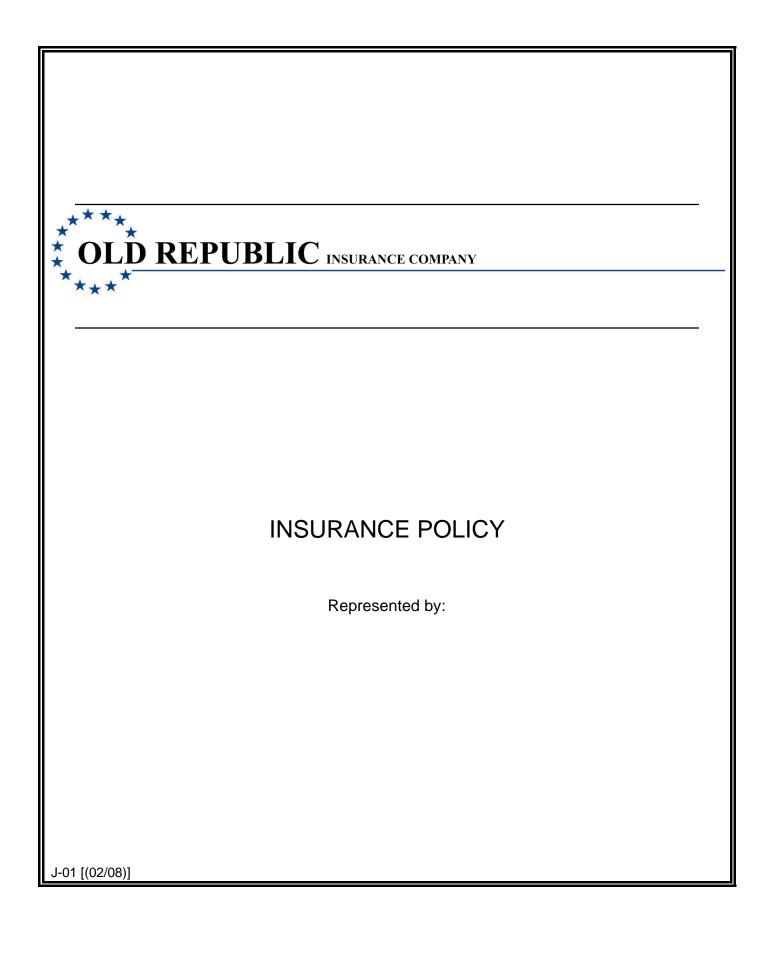
President

# **OLD REPUBLIC**

Corporate Offices

[307 North Michigan Avenue
Chicago, Illinois 60601

(312) 346-8100



Company Tracking Number: GL AR0197801F01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Old Republic Independent GL Forms

Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

### **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125778211 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: GL AR0197801F01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Old Republic Independent GL Forms

Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

### **Supporting Document Schedules**

**Review Status:** 

Satisfied -Name: Uniform Transmittal Document- Approved 08/26/2008

Property & Casualty

Comments:

**Attachment:** 

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

**Review Status:** 

Satisfied -Name: CG DEC GN 0000 08 08 Markup, Approved 08/26/2008

CG DEC GN 0001 08 08 Markup, CG DEC GN 0002 08 08 Markup, CG DEC GN 0003 08 08 Markup, CG DEC GN 0004 08 08 Markup, CG DEC GN 0005 08 08 Markup, Filing Memorandum, Policy Jacket

Markup

**Comments:** 

Attachments:

CG DEC GN 0000 08 08 Markup.PDF

CG DEC GN 0001 08 08 Markup.PDF

CG DEC GN 0002 08 08 Markup.PDF

CG DEC GN 0003 08 08 Markup.PDF

CG DEC GN 0004 08 08 Markup.PDF

CG DEC GN 0005 08 08 Markup.PDF

Filing Memorandum.PDF

Policy Jacket Markup.PDF

#### **Property & Casualty Transmittal Document**

20.	This filing transmittal is part of Company Tracking #	GL AR0197801F01

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Old Republic Insurance Company has changed their company logo. We submit for your review and approval the following Policy Jacket and Declaration pages. We have made slight alterations to the formatting of the documents along with some minor language changes. We attach mark up versions for your information.

Policy Jacket - Manual J-01 (02/08)

- This policy jacket is being revised to reflect the new company logo. This policy jacket has an area provided below the words "Insurance Policy" for the imprintation of our issuing and policyholder servicing office address. The blank area above the words "Insurance Policy" may have an imprintation of the type of policy/program being issued. The following items contained in the Policy Jacket are filed with brackets to indicate that the values could change over time:
- (1) Insurer company address
- (2) Insurance company group corporate address and phone number
- (3) Signature of Secretary
- (4) Signature of President

If any of the above 4 items change, the policy jacket will not be re-filed.

Commercial General Liability Declarations CG DEC GN 0000 08 08 replaces CG DEC GN 0000 12 01.

Owners And Contractors Protective Liability Declarations CG DEC GN 0001 08 08 replaces CG DEC GN 0001 04 99.

Liquor Liability Declarations CG DEC GN 0002 08 08 replaces CG DEC GN 0002 04 99.

Railroad Protective Liability Declarations CG DEC GN 0003 08 08 replaces CG DEC GN 0003 04 99.

Products/Completed Operations Liability Declarations CG DEC GN 0004 08 08 replaces CG DEC GN 0004 04 99.

Underground Storage Tanks Liability Declarations CG DEC GN 0005 08 08 replaces CG DEC GN 0005 04 99.

We request an effective date of November 1, 2008.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.)
	[If a state requires you to show how you calculated your filing fees, place that calculation below]
	Check #:
	Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2 INS02026

## **Property & Casualty Transmittal Document**

1.	Reserved for Insurance Dept. 2. Insurance Department Use only								
	Use Only		a. Date the filing is received:						
	v		b. Analyst:						
			c. Disposition:						
			d. Date of disposition of the filing:						
			e. Effective date of filing:						
			New Bus						
		! <u> </u>		l Business					
		f. State F							
			g. SERFF Filing #:						
		h. Subjec	t Codes						
2	Crave Name							Crown NAIC #	
3.	Group Name							Group NAIC # 0150	
					11110 "				
4.	Company Name(s)			Domicile	NAIC #	FEIN #		State #	
	Old Republic Insurance Com	pany		PA	24147	25-04	10420		
-									
_	O		2040700	4504					
5.	Company Tracking Numbe	r GL AF	R019780	1F01					
Conta	ct Info of Filer(s) or Corpora	te Officer(s) [includ	de toll-fre	ee numberl					
6.	Name and address	Title		ohone #s	FAX	#		e-mail	
		O E'''							
	lah nathan Haran	State Filings	000 /	204 0005	240.700	4050	:60000	ه ماطعه می امان معمد	
	Johnathan Hagen	Analyst		621-0365 t. 4534	312-762	-4950	jnagen	@oldrepublic.com	
	307 N. Michigan Avenue		EXI	. 4554					
	Chicago IL 60601								
			$\sim$	$\bigcirc$ 1					
			X	XISTX					
7.	Signature of authorized file	er	<u>.</u>						
8.	Please print name of author	orized filer	Johnat	han Hagen					
Filina	Information (see General Ins	tructions for descript	tions of t	hese fields)					
9.	Type of Insurance (TOI)	a additions for descrip			- Claims M	/lade/Oc	currence	į	
10.	Sub-Type of Insurance (Su	b-TOI)	17.0 Other Liability - Claims Made/Occurrence 17.0001 Commercial General Liability						
11.	State Specific Product cod		17.0001 Commorate Control Elability						
	applicable) [See State Specific	Requirements]							
12.	Company Program Title (M		Commercial General Liability						
13.	Filing Type			e/Loss Cost		ules		Rates/Rules	
			⊠ For					es/Rules/Forms	
			│	hdrawal		ther (giv	ve descri	ption)	
				T			. 1		
14.	Effective Date(s) Requeste	d	New:	11/01/08		Ren	ewal: 2	11/01/08	
15.	Reference Filing?		Yes	S 🛛 No					
16.	Reference Organization (if		N/A						
17.	Reference Organization # 8	k iitle	N/A	/00					
18.	Company's Date of Filing		08//15/		Danalia		la a ula a d	Diagram and the	
19.	Status of filing in domicile		L∐ No	t Filed 🔀	Pending	Aut	horized	Disapproved	

PC TD-1 pg 1 of 2 © 2007 National Association of Insurance Commissioners

PREMIUM SHOWN IS PAYABLE: \$ AT INCEPTION \$ AT EACH ANNIVERSARY (IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)

AUDIT PERIOD (IF APPLICABLE) ANNUALLY SEMI-ANNUALLY QUARTERLY MONTHLY

ENDORSEMENTS

**ENDORSEMENTS ATTACHED TO THIS POLICY:** 

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned (Date):

By (Authorized Representative):

CG DEC GN 0000 08 08

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# COMMERCIAL GENERAL LIABILITY DECLARATIONS OLD REPUBLIC INSURANCE COMPANY



### POLICY NUMBER

#### POLICY HOLDER SERVICE OFFICE

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Forms and Endorsements apply	ying to this Coverage Part a	and made part of this policy at time of issue:
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POLICY PERIOD: From	to	at 12:01 A.M. Standard Time at your mailing address shown above.
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General Aggregate Limit (Other Than Pr	oducts-Completed Operations)	
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FORMS AND ENDORSEMI	ENTS	

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This Insurance does not apply to "boo advertising injury" which occurs before		
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Products-Completed Operations Aggregate Limit Each Occurrence Limit	DIVIATTREWS	\$\$
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Damage To Premises Rented To You Limit Medical Expense Limit		\$ Any One Premises Any One Person
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<u> </u>	(Enter Date	or "None" if no Retroactive Date applies)
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Individual Joint Venture Organization (Other than one indicated above Business Description:	Partnership	☐ Limited Liability Company ☐ Corporation
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Location of All Premises You Own, Rent or Occu	ipy (Location Numbe	r and Address):
CLASSIFICATION AND PRI	EMIUM-SUB	SJECT TO AUDIT
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No.	Classification	Code. No.	Basis			Ops	Ops	Ops
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Centered							_	
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## OWNERS AND CONTRACTORS PROTECTIVE LIABILITY DECLARATIONS

POLICY NUMBER POLICY HOLDER SERVICE OFFICE:

PRODUCER

RENEWAL OF NUMBER

NAMED INSURED AND MAILING ADDRESS

POLICY PERIOD: From

to

at 12:01 A.M. Standard Time at your mailing address

shown above.

Location of Covered Operations:

Designated Contractor:

LIMITS OF INSURANCE

Mailing Address:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Each Occurrence Li	mit			\$			
Aggregate Limit				\$			
DESCRIPTION O	F BUSINESS						
Form of Business:  Individual Organization (O Business Descriptio	ther than one indicated ab	Partnership ove)	_	d Liability Com	pany	☐ Corporation	
CLASSIFICATION	AND PREMIUM-SUBJEC	T TO AUDIT					
Clas	ssification	Code. No.	Premium Base	Rate Per 1,000 of Cost	Advance	Premium	
Audit Period (If appl	icable)		State			\$ \$	
Premium shown is p		at inception					
FORMS AND EN							
Forms and Endors	sements applying to this	s Coverage Pa	rt and made	part of this po	olicy at time	e of issue:	
Countersigned:		Ву					•
	(Date)			(Au	thorized Rep	presentative)	_
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COMPANY¶ <sp>

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OLD REPUBLIC INSURANCE

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Page 1 of 1

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY DECLARATIONS OLD REPUBLIC INSURANCE COMPANY



POLICY NUMBER

**POLICY HOLDER SERVICE OFFICE** 

**PRODUCI** 

#### LIQUOR LIABILITY DECLARATIONS

#### **POLICY NUMBER POLICY HOLDER SERVICE OFFICE:**

**PRODUCER** 

RENEWAL OF NUMBER

POLICY PERIOD: From

NAMED INSURED AND MAILING ADDRESS

at 12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

to

LIMITS OF INSUR							
Each Common Ca	ıse Limit			\$			
Aggregate Limit				\$			
RETROACTIVE	DATE (CG 00 34 onl	y)					
This Insurance d	oes not apply to "injui	y" which occurs be	efore the Re	etroactive D	ate, if any,		
shown here:		/F D		D. (	S. (		
DESCRIPTION (	F BUSINESS AND		or "None" if no	Retroactive L	Date applies)		
Form of Business:	F BUSINESS AND	LOCATION OF FE	VEIWII JEJ				
☐ Individual	Joint Venture Other than one indicated	☐ Partnership d above)	Limite	d Liability Co	ompany	☐ Corporation	
Dusiness Description	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
ocation of All Prer	nises You Own, Rent or	Occupy (Location N	Number and /	Address):			
CLASSIFICATION	AND PREMIUM-SUBJ	ECT TO AUDIT					
Location			Premium				
No.	Classification	Code. No.	Base	Rate		Premium	
		\$	•	\$	\$		
Audit Period (If app	licable)		Stat	e Tax/Other	(if applicable)	\$	
( срр				Total Adva	ince Premium	\$	
Premium shown is		at inception					
FORMS AND EN							
Forms and Endo	sements applying to	this Coverage Par	rt and made	part of this	policy at tim	e of issue:	
Countersigned:	(Date)	By			Authorized Re		•
	(Date)			(,	Authorizea Re	presentative)	_

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LIQUOR LIABILITY DECLARATIONS OLD REPUBLIC INSURANCE COMPANY



POLICY NUMBER

**POLICY HOLDER SERVICE OFFICE** 

**PRODUCI** 



## RAILROAD PROTECTIVE LIABILITY DECLARATIONS

POLICY NUMBER POLICY HOLDER SERVICE OFFICE:

PRODUCER

RENEWAL OF NUMBER

NAMED INSURED AND MAILING ADDRESS

POLICY PERIOD: From	to		12:01 A.M. S nown above.	tandard Time at your mailing address
Job Location:		31	lowii above.	
Designated Contractor:				
Mailing Address:				
Name and address of involved governmental a	authority or oth	ner contracting par	ty:	
IN RETURN FOR THE PAYMENT OF TAGREE WITH YOU TO PROVIDE THE IN				
LIMITS OF INSURANCE				
Each Occurrence Limit		\$		
Aggregate Limit		\$		
DESCRIPTION OF OPERATIONS				
Description of Operations:				
CLASSIFICATION AND PREMIUM				
CLASSIFICATION AND PREMIUM	1	Premium		
		Base		
Classification	Code. No.	Contract Cost	Rate	Advance Premium
		\$	\$	\$
Audit Period (If applicable)			Tax/Other (if a	
Premium shown is payable \$	at inception	n		`
FORMS AND ENDORSEMENTS	-			
Forms and Endorsements applying to this	Coverage F	Part and made p	art of this po	licy at time of issue:
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COMPANY¶ <sp>

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Countersigned:

(Date)

(Authorized Representative)

RAILROAD PROTECTIVE LIABILITY DECLARATIONS OLD REPUBLIC INSURANCE COMPANY



POLICY NUMBER

**POLICY HOLDER SERVICE OFFICE** 

**PRODUCI** 



## PRODUCTS/COMPLETED OPERATIONS LIABILITY DECLARATIONS

POLICY NUMBER POLICY HOLDER SERVICE OFFICE:

PRODUCER

at 12:01 A.M. Standard Time at your mailing address

(Authorized Representative)

RENEWAL OF NUMBER

**POLICY PERIOD: From** 

NAMED INSURED AND MAILING ADDRESS

shown above. IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. LIMITS OF INSURANCE Each Occurrence Limit Aggregate Limit \$ **RETROACTIVE DATE (CG 00 38 only)** This Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here: (Enter Date or "None" if no Retroactive Date applies) **DESCRIPTION OF BUSINESS** Form of Business: ☐ Joint Venture Individual Partnership ☐ Limited Liability Company ☐ Corporation Organization (Other than one indicated above) **Business Description: CLASSIFICATION AND PREMIUM-SUBJECT TO AUDIT** Premium Classification Code. No. Basis Rate Advance Premium State Tax/Other (if applicable) Total Advance Premium Premium shown is payable: \$ at inception FORMS AND ENDORSEMENTS Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

OPERATIONS¶
LIABILITY DECLARATIONS¶
OLD REPUBLIC INSURANCE
COMPANY¶
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PRODUCTS/COMPLETED OPERATIONS LIABILITY DECLARATIONS OLD REPUBLIC INSURANCE COMPANY



POLICY NUMBER

**POLICY HOLDER SERVICE OFFICE** 

**PRODUCI** 



#### **UNDERGROUND STORAGE TANKS LIABILITY DECLARATIONS**

**POLICY NUMBER POLICYHOLDER SERVICE OFFICE:**  **PRODUCER** 

RENEWAL OF NUMBER

NAMED INSURED AND MAILING ADDRESS

**POLICY PERIOD: From** 

to

at 12:01 A.M. Standard Time at your mailing address

shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE			
Underground Storage Tank Incident Limit		\$	
Aggregate Limit		\$	
Defense Expense Amount		\$	
RETROACTIVE DATE			
Coverage A of this Insurance does not ap			
does not apply to "corrective action costs	", which occur before	the Retroactive Date shown	below.
Retroactive Date:		(5	
DECORPTION OF BUILDING		(Enter Date)	
DESCRIPTION OF BUSINESS			
Form of Business:	7 Danta anabia —	Limited Liebilit Comment	
☐ Individual ☐ Joint Venture ☐ Organization (Other than one indicated ab		Limited Liability Company	Corporation
Business Description and Address of Insured			
Dubinose Dobenphen and Adarose of Incured	Ono.		
DEDUCTIBLES			
Deductible Amount: \$			
	(Enter amount of Ded	uctible or "None" if no Deductible	e applies.)
EPA IDENTIFICATION AND PREMIUM-	,		
EPA Identification Number (if applicable):			
	Advance Premium:	\$	
		State Tax/Other (if applicable)	\$
B		Total Advance Premium	\$
Premium shown is payable: \$	at inception		
ENDORSEMENTS			
Endorsements attached to this policy:			
THESE DECLARATIONS TOSETHERA	MITH THE COMMON D	OLIOV CONDITIONS AND COV	EDAGE FORM(O) AND AND
THESE DECLARATIONS, TOGETHER \		HE ABOVE NUMBERED POLICY	
ENDORSEIM	ENT(3), COMPLETE IT	HE ABOVE NUMBERED FOLIC	<u>.</u>
Countersigned:	Ву		
(Date)		(Authorized Re	presentative)
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LIABILITY DECLARATIONS¶ OLD REPUBLIC INSURANCE COMPANY¶ <sp> **POLICY NUMBER** . [1] Formatted: Section start: Continuous Formatted Table

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Page 1 of 1

UNDERGROUND STORAGE TANKS LIABILITY DECLARATIONS OLD REPUBLIC INSURANCE COMPANY



POLICY NUMBER

**POLICY HOLDER SERVICE OFFICE** 

**PRODUCI** 

#### Old Republic Insurance Company Commercial General Liability Program Form Filing Memorandum

Old Republic Insurance Company has changed their company logo. We submit for your review and approval the following Policy Jacket and Declaration pages. We have made slight alterations to the formatting of the documents along with some minor language changes. We attach mark up versions for your information.

#### Policy Jacket - Manual J-01 (02/08)

- This policy jacket is being revised to reflect the new company logo. This policy jacket has an area provided below the words "Insurance Policy" for the imprintation of our issuing and policyholder servicing office address. The blank area above the words "Insurance Policy" may have an imprintation of the type of policy/program being issued. The following items contained in the Policy Jacket are filed with brackets to indicate that the values could change over time:
  - (1) Insurer company address
  - (2) Insurance company group corporate address and phone number
  - (3) Signature of Secretary
  - (4) Signature of President

If any of the above 4 items change, the policy jacket will not be re-filed.

Commercial General Liability Declarations CG DEC GN 0000 08 08 replaces CG DEC GN 0000 12 01.

Owners And Contractors Protective Liability Declarations CG DEC GN 0001 08 08 replaces CG DEC GN 0001 04 99.

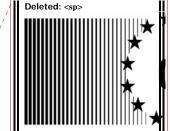
Liquor Liability Declarations CG DEC GN 0002 08 08 replaces CG DEC GN 0002 04 99.

Railroad Protective Liability Declarations CG DEC GN 0003 08 08 replaces CG DEC GN 0003 04 99.

**Products/Completed Operations Liability Declarations CG DEC GN 0004 08 08** replaces CG DEC GN 0004 04 99.

**Underground Storage Tanks Liability Declarations CG DEC GN 0005 08 08** replaces CG DEC GN 0005 04 99.





## **INSURANCE POLICY**

Represented by:

J-01<sub>\*</sub>[(02/08)]

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## INSURANCE IS PROVIDED BY THE COMPANY DESIGNATED ON THE DECLARATIONS PAGE

**IN WITNESS WHEREOF,** we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

#### **OLD REPUBLIC INSURANCE COMPANY**

[133 Oakland Avenue Greensburg, Pennsylvania 15601] A Stock Company

Secretary

President

# **OLD REPUBLIC**

Corporate Offices

[307 North Michigan Avenue
Chicago, Illinois 60601

(312) 346-8100

J-01[(02/08)]